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7590

04/16/2004

**WILLIAM K. BUCHER**  
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<b>Marilyn Pashby</b>	(Depositor's name)
<i>Marilyn Pashby</i>	(Signature)
<b>7-13-04</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/021,138	12/12/2001	Gary W. Reed	7165-US0	2475

TITLE OF INVENTION: MULTI-CHANNEL, LOW INPUT CAPACITANCE SIGNAL PROBE AND PROBE HEAD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TANG, MINH NHUT	2829	324-754000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 William K. Bucher

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TEKTRONIX, INC.

Beaverton, Oregon

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 1

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-0352 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

*William K. Bucher*

July 13, 2004

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07/16/2004 HALI22 00000047 200352 10021138

01 FC:1501 1330.00 DA  
 02 FC:1504 300.00 DA  
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